

CITY OF BENTON



MAYOR'S YOUTH ADVISORY COUNCIL RE-APPLICATION

**Please return completed application no later than Monday, April 20, 2015 to any of these locations:
Benton High School Principal's Office or City of Benton Mayor's Office*

Name: _____

Address: _____ Zip Code: _____

Phone #: Cell _____ Text availability? _____ Home #: _____

E-Mail Address: _____

School attending in 2015-16: _____ Grade you will be in for 2015-16: _____

1. Do you feel that you have served faithfully as a member of the MYAC and in what volunteer projects were you involved?

2. If you feel you were unable to serve faithfully; what changes are you willing to make to be more involved in the 2015-16 MYAC?

3. List your planned obligations, interests and activities for the 2015-16 year (job, hobbies, organizations, clubs, sports, positions held.)

4. Can you attend 2 meetings monthly on the 1st & 3rd Mondays each month at 5:30 pm? _____

5. Do you have the time and the desire to serve on volunteer community projects approximately 2-4 hours a month throughout the 2015-16 year? _____

- I understand that if I am selected as a member of the City of Benton Mayor's Youth Advisory Council, I will need to attend the regularly scheduled monthly meetings and participate in a manner that brings honor and respect to the City of Benton, it's citizens and this Council.

Member Signature: _____ Date: _____

- I give my permission for _____ to re-apply for the MYAC for the City of Benton. If selected I will support him/her in attending meetings, participating in community service projects and all functions related to the MYAC.

Signature of Parent or Guardian

Date